2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000030603

Title:

Name:

Address:

City-St-Zip:

FILED Mar 20, 2009 Secretary of State

Entity Name: GRILLSMITH RESTAURANT GROUP, INC.				
Current Principal Place of Business:			New Principal Place of Business:	
8810 TWIN TAMPA, FL	LAKES BLVD 33614)		
Current Mailing Address:			New Mailing Address:	
8810 TWIN TAMPA, FL	LAKES BLVD 33614)		
FEI Number:	02-0613266	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and			Name and Address of	New Registered Agent:
	NEDY BBLVD		501 E KENNEDY BBLV	. ATTN: HUNTER BROWNLEE 'D, STE 1700 JS
The above in the State		submits this statement for the pu	rpose of changing its registered	office or registered agent, or both,
SIGNATUR				
SIGNATUR		BROWNLEE		03/20/2009
	Electron	ic Signature of Registered Agen	t	03/20/2009 Date
	Electron		t	
Election Cam	Electron	ic Signature of Registered Agen Trust Fund Contribution ().		
Election Cam	Electron paign Financing	ic Signature of Registered Agen	ADDITIONS/CHANGE	Date
Election Cam OFFICERS Title: Name: Address:	Electron paign Financing AND DIREC P () JOHNSTON, MA 12004 WATERS TAMPA, FL 336	ic Signature of Registered Agen	ADDITIONS/CHANGE Title: (Name: Address: City-St-Zip:	Date S TO OFFICERS AND DIRECTORS:
Election Cam OFFICERS Title: Name: Address: City-St-Zip: Title: Name: Address:	Electron Paign Financing AND DIRECT P () JOHNSTON, MA 12004 WATERS TAMPA, FL 336 VP () JOHNSTON, RC 11003 CARROL TAMPA, FL 336 O () DZIUBEK, TODI	ic Signature of Registered Agen 7 Trust Fund Contribution (). TORS: Delete NRK SIDE CT S12 Delete DBERT P LLWOOD DR S18 Delete D ORTH MANOR CR	ADDITIONS/CHANGE Title: (Name: Address: City-St-Zip: Title: (Name: Address: City-St-Zip:	Date S TO OFFICERS AND DIRECTORS:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT JOHNSTON VP 03/20/2009

() Delete

MUNACH, DANA

18112 N.W. 15TH COURT

PEMBROKE PINES, FL 33029

() Change () Addition